

IOWA PACE/HOUSING SUMMIT
JULY 22, 2004

IDENTIFIED BARRIERS, OPPORTUNITIES AND STRATEGIES

BARRIERS:

- Executive branch agencies do not currently have the resources (staff) to explore and implement a PACE model of service delivery.
- Legislation will be necessary to: 1) Appropriate dollars for a staff position 2), Establish a public/private partnership related to a stop-loss system (risk pool) and 3) Appropriate dollars to cover the costs of data runs related to the Medicaid Management Information System (MMIS) and the needed resources for an actuary to determine an Upper Payment Limit (UPL).
- Current state budget crises in relationship to Medicaid.
- Providers will need seed money to start programs.
- Provider need for technical assistance.
- Identification of needed partners in a geographical region.
- Iowa's low Medicare rate (impacts Medicaid rate).
- Iowa's Medicaid rates are 10% to 15% below average.
- Will need to clarify calculations used to determine UPL (for example, Iowa does not pay for the cost of ongoing month to month case management and the dollars for assessments come from State General Fund appropriations and the Senior Living Trust – how will this impact the UPL?).
- Iowa does not have presumptive eligibility or fast tracking for individuals in need of immediate HCBS.
- State Plan Amendment (SPA) will need to be reviewed and possibly updated.
- Legislature will need to determine executive branch location of PACE Coordinator.

OPPORTUNITIES:

- Better serve dual eligible adults aged 55 and older.
- Case management is already in place in all 99 Iowa counties.
- Opportunity for increased collaboration among provider community.
- More effective consumer outcomes.
- Added/innovative services and equipment.
- Serve more people.
- More individualized care.
- Cost shifts risk to provider community.
- Assists the state in cost containment for dual eligible population.
- Assists the state in predictability of Medicaid expenditures.

Attachment 8

STRATEGIES:

- Obtain support of provider Boards.
- Educate boards and legislators about frailty and disease diagnosis adjustments for Medicare when determining the UPL.
- Share outcomes of existing PACE programs.
- Review and better understand revenue streams for other PACE programs (Performa, baseline, expenditures and revenues).
- Visit PACE Programs.
- Educate others by word of mouth (consumers, providers, executive branch agencies).
- Deliver clear message to legislature re: needs (FTE, UPL, Rate, Actuary) and impact of low Medicare rates (congressional delegation).
- SLCU to designate groups of trade associations, providers and advocacy groups to keep PACE on the front burner of executive branch and legislative agenda.